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AMERICAN JOURNAL OF HOMŒOPATHY.

NEW YORK, JANUARY, 1849.

To the American Institute of Homœopathia.

GENTLEMEN,—Your committee, to whom was referred the consideration of a *Resolution* adopted by this Institute, during its last annual session, on the "*employment of Emetics and Cathartics*" by Homœopathic Physicians, has given the subject some consideration, and now, with your leave, offers the following *Report*.

W. E. PAYNE, M.D.

Bath, Me., June, 1848.

When first considering the character of the *Resolution* above referred to, your committee must confess that he felt not a little surprise that the Institute should have suffered a momentary arrest of its attention by such a proposition; as it appeared that the exact relation of such agents, to the homœopathic art, must have been obvious to every one who had but a moderate understanding, even, of the principles upon which homœopathy, as an art, is based. He, therefore, thought that nothing could be said that every *theoretical* and *prac-*

tical homœopath did not before know, and was willing to make a rule of his conduct for the tranquility of his own conscience, and the fulfilment of his duty to homœopathy. But more mature reflection, together with known instances of recreancy with some professed homœopathic physicians, show, in clearer light, the necessity of making known to the world a criterion by which a correct judgment might be passed upon those who offer themselves as servants of the public. The imputation may be made, without becoming obnoxious to the charge of uncharitableness, that much of homœopathic ground is occupied by *exotics*—a kind of *tare* that will grow with the *wheat*,—with those (to drop the figure) who enter the profession from no other than mercenary motives—ready at all times to cater to the whims and prejudices of the public. In consideration of this fact, a further necessity became apparent that this Institute should assume an attitude, in relation to this class of (so called) homœopathic physicians, that cannot be mistaken for *favor*, or *supineness*. Homœopathy is beset with foes from without, who would crush her if they could. But from such she has nothing to fear, if her *friends* are true to the great principles which Hahnemann fought so long and energetically to establish. Upon the principles of christian charity, and common courtesy, we should treat such opponents with respect, so far as they demean themselves by an honest and fair opposition. For we hold that every man's opinion, in this matter, so far as to meet him upon the *plane* of scientific reasoning, provided his opinion is grounded in his own rational perceptions, and is put forth as the honest conviction of his own mind. But as practical *physicians*, we should leave them alone to the enjoyment of all the glory they may be able to win by the practice of their art. In our own household we have a foe far more formidable;

and if it were possible to arrest truth when it has once found an abiding place among men, by its salutary influence in assuaging suffering, then might we, with great reason, fear that the end of Homœopathy was near. Against such influences it seems necessary that those who have the good of homœopathy at heart, and consequently that of their fellow men, should oppose a barrier. And upon this ground, and this alone, does your committee conclude to go forward to the duty assigned him.

All systems of medical practice, from the very infancy of the art, down to the appearance of homœopathy, however much they may have *professed*, and *appeared* to differ in essence, were, in reality only different *phases* of the same *monstrous* growth; and all new theories and systems that have arisen since that period, are but *excrecences* which heighten the deformity to a still more loathsome degree. *Thompsonianism*, *Chrono-Thermalism*, *Hydropathy*, etc., are all offsprings of the old system of medical practice, and all belong to an old dispensation that is fast passing away—a dispensation of old things in *medicine*, in *science*, in *philosophy*, and in *civil government*, and all must together work their way for evil or for good, and at last be numbered with the things that were.

A result very different from this awaits Homœopathy. Your committee believes it can be shown by a course of scientific and philosophic reasoning, with the evidence of its almost simultaneous appearance with other great regenerating events of both the moral and physical worlds, that homœopathy is a new dispensation in medicine, and belongs to a new *era* in *science*, *philosophy*, and *civil government*, and with them must pass along in the fulfilment of her office of good to mankind. She is not an offspring of the old system of medicine. There is no *transition link* to connect her with theories and systems of by-gone days. She stands, in relation to such, isolated and alone. She has no claim upon the indulgence of her predecessor; she asks, and desires no favor at her hand—she asserts her rights without fear, and will maintain them without favor.

If this be the true character and position of Homœopathy, it is not surprising that she should be an object of suspicion and hatred, and be denounced as not of the true "faith and order,"—"a deceiver of the people,"—and that threats of excommunication should

be hurled against all those who, in the majesty of freedom, openly confess and embrace the truth: or that such threats should be enforced sometimes, as examples of terror to the weak but honest enquirer. The history of every new truth presents us examples of unpromising hostility in far more exalted places than the "New York Academy of Medicine," or the "National Convention of Allopathic Physicians." At the establishment of the christian dispensation, we learn from high authority, that he who was cured of his blindness, was thrust out of the synagogue, because he was prompted by gratitude and sincere convictions of right, to acknowledge openly, the authorship of a benefaction so immense. And we further learn that the Jews agreed among themselves that, if *any* man acknowledge Christ as the true Messiah, *he* should be put out of the synagogue. If the mere fear of losing a place of distinction and profit, moved a spirit of opposition so strong among the Jewish Rabbis—a class of people who professed to be governed by the command, "Thou shalt love thy neighbor as thyself," can we expect less at the establishment of a new Dispensation in medicine, when similar motives are operative among that class of people who are as proverbial as the Jews for their illiberal and patronizing spirit?

Homœopathy is the science of specifics—the realization of an idea which is fast gaining ground in the philosophical world, that no one thing in the whole world of creation, is exactly like another; or can fill the place, or perform the office of anything but itself; and that this diversity of conformation and use, is required for the formation of a perfect whole, as the variety of form and use of the various organs and tissues are required to make a perfect human body. Everything, even the most minute, has a distinct place to fill, and a particular office to perform, which can never be completely filled or performed by another. This is an idea not less true than it is beautiful, and it shows us the mutual dependence upon each other of all things, and demonstrates the truth of the proverb that "nothing was made in vain." All things are thus seen to assume a dignity of character; and this is enhanced in the degree that each one works out, faithfully, its legitimate duties in the world; for thus each is performing an indispensable office which cannot be accomplished by aught else. He who is disposed to think there is an identity of properties, and use, in any two

things in the surrounding world, or that the uses of one thing can be replaced by those of another, he may obtain a sufficient amount of evidence to convince him of the erroneous tendency of his thoughts, by critically examining and comparing the symptoms developed by the various bodies contained in the homœopathic *Materia Medica*. He may take the two hundred and fifty drugs, compare symptom with symptom, and after making all necessary allowance for the inadequacy of our language, for the expression of ideas, and the difference of judgment of the different provers, he will find a difference so marked as to convince him that each body maintains an independent position and occupies a sphere that can never be occupied by any thing else. Now when passing over this range of two hundred and fifty bodies, promiscuously selected, he finds a diversity so marked as to leave no doubt that, so far the rule is without an exception, he may by inductive reasoning, arrive at a tolerable degree of certainty that such is the fact throughout nature's wide domain.

The objects of the surrounding world, admit of a two-fold relation; both having a direct and particular reference to man. One is for the formation and sustentation of his body in health; the other is for its restoration and support when it falls into disease. The one class we call *nutrients*, and the other *poisons*. But they are both really supporters of life in their own legitimate spheres; but out of them they induce disease, and at length death.—Thus, that which imparts nutriment and support to the body in a state of health, becomes a fruitful source of disease, and the ally of death, when the body becomes sick. And so with the other class which we call *poisons*.—In a state of health they become poisonous to the system; but when the organism is diseased they then become supports of life until the relation is changed. A consciousness of the necessity, and a desire for food, in a state of health, are grounded in this immutable relation of the human body with the circumambient world; while a conscious necessity and desire for medicine, in disease, have their origin in the same cause. Now we know from experience, and legitimate inference, that every object belonging to this class of (so called) poisons, has the power of developing an independent disease, when introduced into the organism in a state of health—a disease that no other drug can exactly assimilate; and this truth underlies the whole art of homœopathy.

It is from a knowledge of this fact that the true homœopath ceases to generalize—ceases to rest the result of his treatment upon vague *Nosologies* and *Pathologies*; and first seeks to place in his mind, a true likeness of the disease, and then searches for a corresponding likeness in the symptomatology of drugs. He knows he cannot discard a symptom, even the most minute, if he would not fail to get an exact image of the disease. If he overlooks, or ejects one symptom, he fails to get the image, or destroys a feature which may give character to the disease, and consequently must fail to get a corresponding likeness from the vocabulary of drug symptoms. As well might the limner, in portraying a particular face, rest the perfection of his picture upon the mere formation of the most general features, such as a *nose, eyes, mouth, forehead, chin, ears*, etc., and reject all the particular lineaments, and call that a true image; or a painter, in depicting a landscape, rest its perfection upon the mere formation of *land, trees, shrubbery*, etc., and disregard the *form*, and *particular arrangement* of objects contained in the view, together with *light, shade*, and the *laws of perspective*, and expect an exact transcript. What man, even the most sweeping generalizer, would not regard such a painter as entirely ignorant of the first principles of his art? And yet the above example perfectly illustrates the character of the generalizer in homœopathy.

Every diseased state of the human organism, is represented by some object in the surrounding world; or every object embraced in that grand division called *drugs, or poisons*, is an embodiment of active principles, similar in their character to those operative influences, which, when exhibited in the organism, we call disease. This truth is taught us by observation and experience. For example, an individual after exposure to cold, or depressing atmospheric influences, is suddenly seized by shiverings and chills, alternating with flushes of heat, or followed by burning heat over the whole body. Short and hurried respiration, hacking and dry cough, with stitching pains in the chest—also, during deep inspiration, cough much excited or increased by every deep inspiration, or when attempting to speak: or else hard and dry cough, with pain in the head, and shootings in the sides, or cough with expectoration, *viscid, tenacious, lumpy*, and often *muco-sanguineous*. The above are some of the general symptoms that

characterize an inflammatory state of the lungs. Of course, in most cases, other symptoms would exist, requiring note, in order to complete the picture for practical purposes. But these symptoms are sufficient for our design. Now this group of symptoms may be exactly assimilated by the introduction of *phosphorus* into the system when in a state of health, in quantities sufficient to induce disease—showing conclusively that the operating influences, in both instances, are similar, for exactly similar effects result in both cases; and it is an axiom that “like effects can only result from the operation of like causes.” True, other drugs may induce symptoms indicative of inflammation of the lungs, but no other drug can exactly assimilate a *phosphorous pneumonia*. We have only to subject the organism to the influence of the various substances that will not subserve for nutriment in a state of health, to assimilate every disease with which the human body is, or ever can be affected, unless in the mutation and progressive development of the outward world of nature, the character of these bodies so change as to make them differ essentially from what they now are; in which case there will be a corresponding change in the character of diseases. The homœopathic *Materia Medica* will be incomplete, and consequently the homœopathic physician will be proportionably limited, until every one of these poisons, or drugs, are proved upon the healthy organism. This conclusion can hardly admit of doubt, for the proof is ample and convincing to all who are willing to admit a small portion of evidence upon the assent of the rational faculties. But even the single assent of reason, unsupported by experience, will not be long required, for the fact that every *natural disease* may be assimilated by a *drug disease*, is being daily demonstrated by the labors of a few indefatigable homœopaths, in the trial of new drugs. Out of the two hundred and fifty of such bodies selected without regard to their sectional locality, or chemical or botanical differences, we have as many distinct diseases which have nothing in common but a general morbid resemblance. It is said as many distinct diseases; but it seems that each drug has the power of developing many diseases. This is not the fact. Again, we will take *phosphorus* as an example. This drug develops one group of symptoms which we call *Pneumonia*; another called *typhus abdominalis*, etc. Now these are not really fully de-

veloped, distinct, and individual diseases. They are merely fragments of a *phosphorus disease*; or groups of *phosphorous symptoms*, having a local and particular development. And if it were possible for any one body to sustain the whole power of *phosphorus*, without death, we might see all that it is possible for *phosphorus* to effect, successively developed in one body. But this can never be. Owing to an hereditary tendency to disease, or some other cause, one organ is prone to take on more of the disease than any other organ; or the distinctive tendency is stronger towards one organ than to any other, and this organ is deprived of its power to sustain its harmonious relation with other organs of the body, and disease ensues, and at length death, before the full power of the drug can be developed. But in each group of symptoms, we shall find those which characterize the group as belonging to a *phosphoric disease*. Now in selecting a remedy for any group of symptoms, it is necessary that this distinctive feature of the drug, as shown in a particular group, should be known, otherwise we must fail of success. It is not necessary that we should remember every symptom, but the symptom that characterises the group, as one belonging to a particular drug. When investigating a case of disease, we shall observe one or more group of symptoms, which for mere convenience we honor with some special name—it matters not. After collecting and arranging every symptom, even the most minute, according to its relative value, we shall have a perfect picture of the disease. Now we shall find on looking over the picture, that it possesses many symptoms in common with many groups. These general features are so strong and prominent, often times, as to present almost the same appearance. Nevertheless, the group as a whole, is unlike any other group. The question then comes up, What is the distinguishing feature? What has this group of symptoms about it, by which it can be distinguished by any or all other groups? This is the question to be decided by the physician. And when this is correctly done, he turns his attention to drug diseases, to find an exact resemblance—to find its *Daguerreotype*. In following this course, the work is accomplished without lumbering the memory with the host of symptoms which every drug is capable of developing; for, as surely as the distinctive feature of the group of drug symptoms corresponds with the distinctive feature of a

group of symptoms developed in the organism by natural causes, so surely will the correspondence hold good throughout. This general law, which governs the relation of both *natural* and *drug* diseases, will not admit of an exception. This is *Homœopathy*—"RATIONAL HOMŒOPATHY," in its broadest and most particular sense. Here we might close the subject, for it is an inevitable sequence of our reasoning, that *Emetics* and *Cathartics*, have no place in the *Therapia* of Homœopathy. But there are those who adhere to the necessity of such means, from misconception of the extent of the homœopathic law. There are others who, though they see the illimitable power of the homœopathic law, still cling to the necessity of such means, from the present comparatively limited resources of Homœopathy. There is yet another class who allow themselves the latitude of all practices, from habits of indolency; and still another who do so from a disposition to ride upon the flood-tide of popular prejudice. To the first mentioned class we have only time to say, that the general principles which it has been the endeavor to illustrate in the preceding part of this Report, are limited only by the boundaries of disease. No argument can overthrow them, however weak the attempt by your committee has proved to illustrate them. For the satisfaction of the second class named, it may be well to pursue the subject a little further. To the third and fourth classes we have nothing to offer, but *pity* for the one; and for the duplicity of the other, the contempt of all honest men.

The employment of *cathartics*, then, will first claim our attention. It is presumed that, that class of homœopaths to whom the following remarks are addressed, would not attempt to justify the employment of a *cathartic* in any case except that of long continued suppression of the excretions of the intestinal tube; and on no other ground but the present limited resources of the homœopathic *Materia Medica*. The tenableness of the first excuse will be examined a little here, in detail; but the consideration of the latter will be left 'till *emetics* are considered.

Constipation, or suspended excretions, may depend upon *inertia* of the intestinal tube, as a proximate cause, as in sluggish or cachetic, or paralyzed individuals; or upon *spasm*, as in colics, and some other forms of acute diseases; or upon a deficiency of the *secretions* and *excretions* of some one or more of the

abdominal organs. Now in all these conditions, suspended defecation is only symptomatic, but it is a symptom so general that we can hardly even fix upon it as characteristic of the disease. In every variety of the above mentioned conditions, we shall find a group of symptoms more or less extended, which group represents a pathological condition as truly as would represent thoughts, and actions represent feelings; and this group of symptoms constitute the only guide to the true condition of the organism. He who disregards these *indices* of disease, and thinks to apply a remedy by guessing at the disease, may, with equal propriety, expect a transfer of his body to a distant place without intermediate steps; or expect the creation of a picture without *paints* of various colors, and *iris*, with a total disregard of *perspective*, and the laws of *chionoscuro*. Now as *suspended defecation*, or *constipation*, is only one symptom of a group—an integral part of a whole, it is clear its removal cannot be alone effected, without changing the relation of all the other symptoms of the group, and substituting, for the time at least, a medicinal symptom—making the disease, by complication, probably worse; possibly better. A true Homœopath would not seek to alter the *phasis* of a single symptom, for by so doing he cripples his ability, and thus defeats the accomplishment of his own purpose. He would, therefore, proceed to the removal of *constipation* in the same way that he would proceed to the removal of any other symptom, viz.: by transferring to paper, every symptom, even the most minute—give to each a systematic and orderly arrangement—seek out the feature that distinguished the group from all others, then turn to his record of drug symptoms, and seek there a group that will correspond, and by virtue of the homœopathic law—the universal law of kindred consociation, he will surely see the desired result follow his labor.

The above are a few of the many objections from Theory, which might be offered against the employment of *Cathartics* for the removal of constipation. Does experience sustain the objections? This question is answered in the affirmative by the united observations of the *profession*, and the *laity*. If constipation is the disease, and not merely a symptom, or fragment, then surely it would be the most easily removed of any disease, by the ordinary routine practice. But does the old school doctor, who professes to treat diseases accord-

ing to their pathology, carry out their professions in the treatment of this one "disease,"—constipation? We shall see. He first decides the nature of his case. Suspended excretion is dependent on inactivity of the intestinal tube; or a deficiency of biliary secretions and excretions; or, perhaps, it is owing to a constricted state of the tube. This question is decided. Does he adapt a remedy to his supposed pathology. No: physic is his "sheet-anchor," upon the strength of which he rests his whole hope of success. Now, what is the result of this, as shown by common observation? In the *first* and *second* cases, i. e., in *inactivity* of the intestinal tract, and *deficiency* of *secretions* and *excretions*, the mechanical and poisonous qualities of the drug, excite an increased action of the whole canal, which causes, to be sure, a disgorgement of the fecal contents, and a momentary relief to some remote part of the system, during the most active period of the drug disease. But a corresponding state of inactivity must follow; and we see, in the end, he has gained absolutely nothing; but has added to the former condition the depressing influence of a drug disease. Now all experience shows us that these two opposite states follow the employment of all drugs taken in cathartic doses: first, a violent disgorgement of the contents of the bowels—then follows a corresponding inactive state. The same opposite states result from all violent influences upon the organism, that is, if reaction even takes place at all. Plunge your hand into cold water or snow, and you, at first, get a cold, pale, and shrunken state of the hand; then follows a corresponding heat, redness, and puffed condition. Sleep, and inordinate wakefulness, follow the employment of Opium in Allopathic doses; and so on through the whole catalogue. And in the latter condition, that is, when constipation is dependent on spasm, as a proximate cause, the result of cathartics is much worse than in the before mentioned conditions. The local irritation, produced by the mechanical and poisonous qualities of the drug, is added to that already existing in the bowels, and death is not unfrequently the result. Hence, one often hears of death from *bilious cholic*, or *inflammation* of the bowels, because "*physic would not operate*;" when, in fact, *physic* operated in the very way one *might* suppose it would operate. Thus, we may see what a Homœopath would gain; or rather what he would *not* gain by the employment of cathartics. He would not

even suppress that one symptom, for the removal of which he had given the cathartic; but instead, would add to the original group of symptoms, a group of medicinal symptoms, which would so mask the disease, as to render it impossible to make out the distinctive feature, and thus preclude all possibility of adapting a remedy. He must then abandon all hope of pursuing the homœopathic treatment of his patient, and of necessity throw himself, with his patient, into the blind mazes of Allopathy, the end of which would be, most likely, a complete wreck of all his most ardent wishes, unless nature, by chance, in the conflict, should gain the ascendancy and avert the impending blow. Such is a very brief and imperfect statement of the relation of cathartics to homœopathy; and to their above described effects upon the human organism, it is believed every observing, and unbiassed physician must bear testimony.

We now turn our attention, for a few moments, to the consideration of *Emetics*. It is obvious, that in regard to their admissibility into the category of Therapeutic agents, the same objections may be offered, and the same arguments used that negative the efficacy of *Cathartics*. A medicinal disease of like virulence would follow their employment, and provided no injury would result to the organism from the depressing influence of such medicinal disease, we should get, combined with the original disease, a group of drug symptoms, which would place even a hope of defining the boundaries of the natural disease, and consequently choosing a remedy according to the homœopathic law, entirely out of the question. Every Homœopath will readily see the injury which is thus inevitable from the employment of such means. And in what direction could he look for an adequate favorable result? We are told that the stomach sometimes contains impurities, such as *bile*, *mucus*, and other vitiated secretions, which must be ejected in order that the stomach may regain its wonted *tone* and *energy*. But when such matters are contained in the stomach, they are mere *effects* of a derangement of the vital, or life forces—of a disease more deeply seated, and *not* the *cause* of disease. This may be seen to be true by a little reflection; and it is a matter of much surprise that the old school doctors, after having been engaged for two thousand years, with the merest shadow of success, in this work of cleaning the stomach of these "im-

purities," have not suspected, even, the soundness of their reasoning. As well might one after mingling poison at the fountain-head of New York's far-famed Croton, expect to purify its waters by ejecting from the contents of one of its reservoirs; or commence the purification by mingling some counteracting agent with the water of one or more of its branches, as expect to remove the *cause* upon which these vitiated matters are dependent, by forcibly ejecting them from the stomach. There would be just as much philosophy in the one as in the other, and yet the above examples are a perfect illustration of the philosophy of the old school practice of medicine. And herein, it may be incidentally remarked, is a grand distinction between Homœopathy and Allopathy. The latter are in constant effort to remove *effects*, while the former are as constantly at work removing *causes*. The Homœopath cares for *effects* only as they lead him to *causes*. Symptoms are only *effects* of a disturbance of the vital or life forces, and by these symptoms the Homœopath is led onward to the cause, and to the cause there is no other way of approach. Therefore he would not suppress, or in any way mask a symptom; for on the instant of such an act he loses his way. But an Allopath does not look beyond the effect. If pain is present, which is but the effect, and consequently a true expression of the disease, as far as it goes, he gives opium to put it out of the way. But this is accomplished only while the opium disease is operative. If the bowels are constricted, (another symptom) he gives "physic," and during the activity of the medicinal disease, constipation is overcome; but to be followed by a worse constriction than before existed. If there is a *scirrhus* condition of the *mammary gland*, (another symptom) he removes it with the knife; but the only influence this has over the *cause*, is to force it to embody itself in some more vital organ, and dissolution is proportionably hastened: and so on through the whole catalogue. Thus, we may see that the *pathological*, or old school doctor, is *really* the *symptomatic* doctor, for his whole effort is to suppress symptoms, beyond which he cannot go; while the Homœopath takes symptoms as his guide, in his effort to reach causes.

Your committee can see no instance where in the promotion of vomiting by artificial means, is at all admissible, except in instances where some foreign and indigestible body

is taken into the stomach, and is not spontaneously ejected by the revolting powers of the system. And in such an instance it should be resorted to for the same reasons that we would remove a foreign substance from the flesh of any portion of the body. But *emetics* are *hardly* ever, if ever, necessary to effect this object. Drinking freely of luke-warm water, or irritating the *fauces* with the point of the finger, will always, perhaps, effect the desired object; and whenever symptoms remain, after the removal of the offending matter, should be treated by a *dynamized drug*—homœopathic to them. If, by possibility, a case should arise when the offending matter could not be removed in any other way than by the aid of an *emetic*, it would be right and proper to resort to such an expedient. But your committee can affirm, that, in the pretty extensive experience of eight years, he has not seen an instance where indigestible bodies have not been removed by the means above mentioned, without the aid of *emetics*.

In view of the above considerations, it is the opinion of your committee that, with the above mentioned exceptions, (if it can be called anything more than an exception against probabilities,) the employment of either *Emetics* or *Cathartics*, by homœopathic physicians, is not only unnecessary, but highly improper. It would not only derange and complicate the whole natural development of the disease, but it would be rendering countenance and support to a system of medication that has no foundation but in the imagination, and divert the attention of the physician from the legitimate aim of medicine, and belie the powers and resources of the homœopathic art.

As to the necessity of employing *Emetics* and *Cathartics*, together with other Allopathic means, in consequence of the limited resources of the Homœopathic *Materia Medica*, your committee is aware that an *honest* difference of opinion may obtain. But it is believed that a judicious experience, alone, will settle the question. An experience of eight years, on the part of your committee, which embraces a pretty extensive range of diseases, satisfies him that, if such necessity does exist with Homœopaths, instances requiring such aid are very rare indeed. Cases have repeatedly occurred in the course of his practice, where the bowels have remained inactive from *three* to *fifteen* days, in acute diseases, after which this symptom gave way, with others, and the evacuations of the body were as perfectly

natural as if the functions of the body, all along, had been performed healthily. And in *chronic diseases* he has known a longer period, even, elapse between the evacuations without the slightest injury.

Your committee once thought that there *might* be a necessity, in the present state of the science, to adopt other means than those presented by homœopathy, in the treatment of diseases; and this may have been the case with almost every Homœopath. But much reflection, with considerable experience of the ample resources of homœopathia, satisfied him that such an admission, without considerable qualification, would leave one standing upon dangerous ground. One of its bad results would be, carelessness in the study of the *Materia Medica*, and in urgent and obscure cases, a hasty abandonment of the homœopathic law; and would, eventually, end in a return to the "glorious uncertainty" of Allopathy. It is not believed that we have, within our reach, a specific for every disease which might by possibility, come up for treatment; for this would pre-suppose a perfection of our *Materia Medica*—and this can never be, until every substance possessed of poisonous properties, have been proved upon the healthy organism. If a case comes up, that cannot be covered by the present resources of homœopathia, and the patient is desirous of trying allopathic treatment, we think it would be best for him to place himself under the charge of an allopathic physician, for in so doing, this benefit would arise, if no other, the physician would not belie his conscience by pursuing a course counter to his own convictions of right. And should a patient pass out of our hands into those of an Allopath, and, by chance recover, (a circumstance, by the way, that does not often occur,) what then? We, surely, are not so *poor* in results that we cannot afford to lose some; neither are our allopathic brethren so *rich* in success as not to need them.

To those who have a belief in the ever watchful care of a Divine Providence, it will seem probable that all necessary means have been provided for the protection and comfort of the creatures of His will; and that in accordance with this provident care, a remedy has been provided for every disease—and that man's knowledge of these remedies, must be somewhat in a *ratio* with the necessities for their use. If this be admitted, (and of its truth there can be no doubt,) there must be

made, as the result of legitimate reasoning, the further admission that the range of diseases of the present day correspond, very nearly, to the drugs, the properties of which have been learned in the only way by which the properties of drugs can be known, viz., by trial on the healthy organism. We say our remedies are limited in numbers. This is a necessary sequence of our course of reasoning; but it is believed that a knowledge of remedies, by the majority of homœopathic physicians, is far more limited than the remedies themselves, and from this cause, alone, arise a large proportion of the failures that follow the labors of those engaged in the homœopathic profession. And here it may be permitted to adduce a case illustrative of the want of knowledge of remedies. The case occurred two years since. The patient was about forty years of age, and had been an *asthmatic* for about twenty years. Like most other *asthmatics*, he had exhausted the skill of the Allopathic school, together with the whole catalogue of *quack nostrums* palmed upon the public as "*sure cures*" for the "thousand and one" complaints to which flesh is heir; and "*was nothing bettered, but rather grew worse.*" In one of his struggles for help, he fell upon a *nostrum* which put an end, as he verily believed, to all his sufferings. But, mark the sequel! Instead of the long-looked for immunity from suffering, he got in exchange, what were termed, *cramps* of the stomach—presenting a very alarming aspect, and subjecting him to far greater suffering than he had ever before endured, during his worst paroxysms of asthma. By repeated doses of *morphia*, followed by *cathartics*, each attack was subdued; but he was usually left in a very debilitated and miserable condition, from which he was a long time in recovering. Every subsequent attack became more unmanageable, and lasted longer, satisfying him, at last, that there was no hope of cure from the course he was then pursuing; and he determined to try homœopathy for the very next attack. The opportunity was not long wanting; and I was called in the morning. His disease was then presenting its usual aspect in form and severity at that early period. He said that he had suffered all night—that the pain, as usual, gradually increased in severity, and unless relieved it appeared to him that it would soon get past endurance; also, that he had never been relieved except by *opium*, or *morphia*, and this was making such in-

roads upon his health, he felt that he should not long survive the attacks, and the means used to remove them. My observation did not confirm the reported location of the pain, but instead of the stomach, its centre was in the right side of the chest, beneath the *fifth*, *sixth*, and *seventh* ribs, anterior to their angles—extending along the margin of the false ribs, and reaching as far forward and downward as the *epigastrium*, and sometimes extended through to the back. I am unable to give an intelligible description of the pain, for I never could get a satisfactory idea from the patient. It was *cramp-like*, as nearly as I could judge from the patient's accent; remittent, but never intermittent. After it commenced it never ceased without the aid of medicine. There was no soreness on pressure, nor did it seem to be influenced in any way by respiration or motion of the body. After a hasty examination of the case, but considering principally the character of his former attacks of asthma, I gave *nux v.*; but without relief. I then gave *Puls.* with apparent good effect. This partial relief continued until late in P. M., when the pain returned with renewed force. *Puls.* no longer gave relief. The disease increased to a frightful degree. The surface of the body was covered by a cold, clammy sweat. Feet and hands very cold. Pulse full, rather slow, and oppressed. Frightful contortion of the eyes—at times rolled upwards, with tears running from them as if suffering intense grief. This rolling upwards of the eyes, and contortion of the limbs, did not seem to be, properly, spasmodic; but merely an effort of the patient to obtain some relief by inflicting pain on some remote part of the body. He exerted a great degree of physical strength—clenching any object in his way, with a Herculean grasp, and assumed almost every position in which the body could be placed. The severe paroxysms of pain were succeeded by a form of suffering, worse, if possible, than the pain, viz.: a feeling, as he expressed it, as if the whole stomach would fall out. This, in general, was the condition of the patient, when I had been with him eight or ten hours. I had used every drug, the pathogenesis of which bore any similarity to the case, as far as I was then able to judge, and all without the least possible perceptible effect. The patient was evidently growing worse, and his wife, together with other friends, were becoming very uneasy, as well they might, and talked strongly,

as I afterwards learned, of sending for their old physician. All confidence would have been lost long before, and another physician called, had they not been surrounded by my friends, and the friends of homœopathy, who inspired hope even against all probability. "Hold on a little longer," said they; "we think Homœopathy will yet prevail." But here was the patient in apparently a sinking condition, and all the available resources of homœopathy were exhausted. What is to be done? was the question constantly recurring. Shall I abandon him to Allopathy, where I am sure he will gain nothing but palliation, or palliate myself, and during the interval of relief, institute one more search for a remedy? I determined to pursue the latter course; for, if I did not succeed in finding a homœopathic remedy, the patient would be no worse off than if now turned over to allopathy, and I could but abandon him then, for I had long before determined never to attempt to cure a patient by allopathic means. I accordingly dissolved 2 grs. of *Morph. Sulph.* in 4 tablespoonfuls water, and gave a teaspoonful of the mixture every 15 to 20 minutes. Very soon its effects were manifest in relief, which was perfectly satisfactory to the patient and friends, though they knew not by what means it was obtained. I then left him for the night; but on returning the following morning, found he had not slept, but was indulging all sorts of *fancies*—happy—laughing—talking—a half intoxicated expression, constant itching and rubbing of the nose—itching, and scratching of the scalp and skin of the whole body. On entering the room he accosted me in a peculiarly pert way—"holloa, doctor! I am as happy as a king—have not slept a wink—would not sleep for the world—feel just as if I had taken opium." Ordered strong coffee, and left him for two hours. On my return, found him calm; had slept—but some uneasiness of the side. No further medicine was given at that time. Visited him again in the evening; pain had increased gradually, but ordered nothing. I the meantime applied myself to the *Mat. Med. Pura.*, at all leisure moments. I retired that night with gloomy anticipations—more for the honor of homœopathy than the temporary arrest of confidence in me as a physician, and consequent decrease of practice. In accordance with my expectations was again summoned very early in the morning. Found my patient suffering severely from pain of the same character, and

in the same location. He had not slept for the night; or even laid down but for a moment at a time. The same gloomy prospect was in anticipation—or it can hardly be said to have been in anticipation—for it was even at the door. In the *interim*, however, I had made choice of the only remedy which I proposed trying, upon the failure of which I determined to turn him over to allopathy—not from the conclusion that Homœopathy, as a principle, was inefficient; but, that either her resources had not been sufficiently developed, or that my knowledge of the *Mat. Med. Pura.*, was not sufficient to enable me to adapt a remedy to the case in question. I had no questions to ask. I had pre-determined, and it only remained to carry that determination into act. I therefore ordered a little soft water, into a half tumbler of which I dropped two drops of *Colch. 3.*, and after agitating it briskly for a few seconds, gave a teaspoonful. Two minutes may have elapsed, when he said the pain was going; and when I took my leave of him, say ten minutes from the time I entered his apartment, he was almost wholly relieved. Two years have since elapsed, and he has not had the slightest return, or had not at my last intelligence. His asthma returned: for two or three paroxysms of which I prescribed with relief; but as he removed to a distant part of the country, I could not pursue the treatment. Now, nothing can be more certain to the senses, than that the *colch.* was effective here; and that it was *not* effective by any principle of action acknowledged by the old school, is equally certain. Its material bulk transcended the limits of any thing to which they attach power; and its action was much more rapid than ever observed of *colch.*, in its crude state. Now as it is certain that the *colch.* did produce effects, it is equally certain that by its preparation and peculiar relation to the disease, for which it was given, a power altogether unknown to old school physicians became available. The power was not *alone* the result of the preparation of the drug,—neither *alone* the result of the peculiar relation which the drug bore to the disease; but the result of both combined. If either condition had been disregarded, the result would have been changed. There are many states of the system in which *colch.* of the 3rd. attenuation, would not produce any perceptible effect; much less a favorable one; and even when the *peculiar*, or homœopathic relation does exist between the drug and disease, the

crude drug fails to accomplish what is accomplished by the same drug in an attenuated, or *potentized* form. These are not mere speculations, but *facts*, observed and confirmed by numerous acute, careful, industrious, and honest minds.

But to return to the more direct object of detailing the above case, it may be seen that a very different result might have followed, and consequently very different conclusions might have been drawn, had the case taken the turn that seemed almost inevitable. Had I abandoned it, as I was often on the point of doing, I might have decided, by the aid of a very small share of vanity, that either the homœopathic principle was at fault, or the *Materia Medica* did not contain a remedy homœopathic to the disease, when, in fact, neither was the case, as the result proved. It is true the homœopathicity of *colch.* to the above case is not so strongly marked (owing, as I suppose, to the imperfect proving of the drug,) that one would approach it without hesitation; but its homœopathic features are sufficiently marked to bespeak for it, a trial in a case presenting the general features of the above, before abandoning it. Cramp-like pains, are quite characteristic of *colch.*; cramps of the chest; sudden sinking of strength, as was the case in the *epigastrium* and *chest*,—also, aggravation of all the symptoms at night, and sweat, are symptoms which show more directly the homœopathy of *colch.* But, by a more strict analysis, its homœopathicity may become more apparent, even with the present fragmentary proving of *colchicum*.

I am aware that, while this case shows us that many failures may be attributed to a want of *knowledge* of what remedies we already have, rather than to the limited number, it may be used to prove the propriety of resorting to palliatives in order to acquire time for the choice of a remedy; and this propriety we may admit, with much qualification. But your committee can hardly conceive of a state of the system, differing from the above, unless it may be that of a *neuralgic* character, wherein the allopathic employment of medicines for the purpose of palliating sufferings, even to acquire time for the selection of a remedy, would be proper or useful, either to the patient or homœopathy. The particular condition of the system, in which palliation would not prove positively injurious, is a matter of as nice a consideration, and involves a conclusion nearly as difficult to be arrived at, as

the choice of a remedy homœopathically adapted to the case under consideration.

In conclusion, your committee will state that he believes the interests of homœopathy will advance just in proportion as the law developed by Hahnemann, of applying remedies, is adhered to, and consequently it will be retarded in the degree that the latitude of all methods is allowed. The truth is as much in force in medicine, as it is in religion, that "*we cannot serve two masters.*" And we believe it a very mistaken idea that the spread of Homœopathy will be promoted by ceding some of its ground to Allopathy. Homœopathy will seldom commend itself to any one in this age, by reasoning *a priori*, for the human mind is so deeply immersed in mere materialism that it is difficult to entertain an idea of power aside from weight and measurement. By its fruits Homœopathy is to be known; and certainly no one can use it so successfully as he who gives it his undivided attention. He who attempts to unite it with aught else will be always below mediocrity. True, he may acquire a kind of mushroom notoriety, but it cannot withstand the advances of truth. Every one who prescribes a remedy, should do so with a religious observance of the homœopathic law of cure; and he who wilfully evades it, for the purpose of accomplishing some selfish end, should be regarded with distrust.

As to the doses used, one must be governed in general, by the general experience of the profession; and, in particular, by his own individual observation. If most successful with the *mother tinctures*, they should be used, by all means: if more successful, however, with the 2000th attenuation, the same liberty should be allowed. The absence of a perceptible perturbation of the disease, after the administration of a drug, is no evidence of the want of a true restorative power. The declaration of Holy Writ may be borne in mind, which is equally true here, that, *God is not in the wind, nor in the earthquake, nor in the fire, but in the still small voice.*

The preceding paper, by Dr. Payne, was read to the Institute in the absence of its author, and accepted. It was re-committed, "to be condensed for publication," but was not received in time to appear in the published proceedings of the Institute; and at our solicitation Dr. P. permits its publication in this Journal.

PREVENTION AND TREATMENT OF ASIATIC CHOLERA.

On Wednesday evening, Dec. 20th, 1848, the New York Homœopathic Dispensary Association celebrated its First Anniversary. Dr. Joslin delivered an Address on Cholera. The following is that part of it which relates to the prevention and treatment of that disease:

"*Prophylactics.*—The Homœopathic *pre-ventives* of Cholera are *Cuprum metallicum*—that is, metallic copper—and *Veratrum album*, or white hellebore, prepared according to the Homœopathic method, and taken in doses alternately of two or three pellets, once or twice a week. By this means, thousands have been protected from the disease. It is said there is no instance in which persons thus treated, have been attacked with Cholera. The globules may be placed on the tongue and allowed to dissolve in the mouth, and then be swallowed. Whenever it is practicable, it would be well to consult a Homœopathic physician, as one of these remedies would be preferable to the other. He could decide which.

The method which Hahnemann recommended and which many employed with success, was to take globules medicated with the 30th dilution of *Cuprum*, then wait one week and take the similarly medicated globules of the 30th of *Veratrum*; then, after a week, the *Cuprum*, and so on. Others have used with similar success, the 3d dilution of each, at intervals of half a week. This may be used by those who cannot obtain the 30th: but let no one venture upon the use of the copper of the drug-stores, nor the crude colored tincture of *Veratrum*; even of the Homœopathic Pharmacies. Camphor is too transient in its action, to be of any use as a prophylactic. Besides it would interfere with other medicines.

Treatment of Premonitory Symptoms.—During the prevalence of Cholera in a place, every person should consult his physician for such slight symptoms as often precede Cholera. By so doing, an attack may almost always be prevented, if the physician is a Homœopath. The most usual premonitory symptom is a slight diarrhœa, which would cause no apprehension in ordinary times. This is generally cured by a single dose of *Phosphorus*, or *Phosphoric acid* given in the mode which I shall describe under the first variety of Cholera.

Cholorina.—When this diarrhœa is a little more marked, and but few other symptoms are present, the case is usually named Cholorina. This case is intermediate between that of premonitory symptoms and that of the fully formed Cholera of the first variety to be described. It requires similar treatment, and especially *Phosphorous* or *Phosphoric acid*.

Treatment of the First Stage of Cholera in all its Forms.—When there is a decided attack of Cholera, we resort, for the first hour—or a longer or shorter time, according to circum-

stances—to a treatment for which—as well as for all the most successful modes of preventing and curing this disease—the world is indebted to Hahnemann. Whatever may be the form of the attack, give one drop of the tincture of camphor, dropped on a lump of sugar, and then dissolved in a tablespoonful of cold water. Repeat this every five minutes until there is a decided mitigation of the symptoms. This will usually be after five or six doses. One sign of its good effects is perspiration. In proportion as the symptoms yield, let the doses be at longer intervals—as an hour, two hours, twelve or even twenty-four hours. If the disease is taken in time, ten or twelve doses are ordinarily sufficient. If the stomach will not retain the camphor, even in ice-water, then give, before and after it, a bit of ice as large as a filbert. Families should be provided with the camphor, and, in case of attack, administer it immediately, before the arrival of the physician, who will judge whether it is to be continued.

There is abundant evidence of the efficacy of this camphor treatment, from all parts of Europe. Hahnemann states that at Berlin and Magdeburg alone, thousands of families have followed his instructions respecting the treatment by Camphor, restored those of their members who were attacked by the epidemic—restored them often in less than a quarter of an hour. Dr. Quinn assures us that this method may be employed with certainty of success, in the first hour, and with probability of success in the following hours. Use no external applications in any stage. Hahnemann at first advised the external, in connection with the internal use of Camphor, but subsequently found it unnecessary. Indeed, it not only is useless, but fills the room with effluvia which may interfere with the subsequent treatment.

I shall next consider the *Treatment of Fully Developed Cholera in all its stages*; dividing it into those varieties usually presented. The Homœopathic physician will know how to adapt his treatment to different shades and combinations of these varieties. He will apply the *Materia Medica* and the law of *similia similibus curantur*.

1st variety *Cholera Diarrhæica*; Intestinal or *Diarrhæic Cholera*. The most frequent form of Cholera is that in which diarrhœa is an early and prominent symptom. At first, there is a simple diarrhœa, or one preceded by headache. There is pain in the neck and arms; lassitude in the legs; rumblings, tongue moist, a little coated, sometimes pasty. The evacuations at first composed of fecal matters, shortly become yellowish, greenish or watery, sometimes red; afterward they have the appearance of barley water, rice water, or of whey with little flocks of snow distributed through it. Each stool is preceded by great noise and movements in the intestines. There may be a livid circle around the eyes, failure of strength, and nausea; sometimes in a more advanced stage, vomiting and spasms. If this form of Cholera is mistaken for an ordinary diarrhœa, and improperly treated, we have to

apprehend the stage of collapse, (hereafter to be described,) in which the cure is difficult. But taken in season, this diarrhœic form of Cholera is easy to cure.

Treatment.—If Camphor does not soon give relief, we are to resort to *Phosphorus* or to *Phosphoric Acid*. Dr. Quinn has employed both with equal success. The *Phosphoric Acid* is to be preferred when there is a gluey matter on the tongue. (In some cases *Veratrum*, *Chamomilla*, *Mercurius* or *Secale* may be indicated. However, *Phosphorus* and *Phosphoric Acid* rarely fail to cure; and some high authorities are in favor of giving one of them, at first, in preference to the administration of Camphor in this form of Cholera. Put two or three globules of the 30th attenuation of *Phosphorus*, or of the 3d attenuation of *Phosphoric Acid* in a little sugar of milk, and place them on the patient's tongue. One dose is generally sufficient to effect a cure. Dr. Quinn rarely found it necessary to give a second dose, and never until the following day.

If in this or any other variety of Cholera there is severe burning in any part of the alimentary canal, with violent colic and great weakness or restlessness, give *Arsenicum Album*, 30th attenuation. If the colic proves obstinate give an enema of ice-water. For *Arsenicum* and every other medicine, except camphor, the proper interval between the doses is about one hour, or from half an hour to an hour and a half, according to the circumstances. The doses may always be two or three globules, and in case of most medicines the 30th attenuation. Camphor is to be given in doses of one drop of the strongest tincture of the shops, or two of the weakest, repeated every five minutes, for it is unlike all other medicines, in not requiring attenuation, and in being exceedingly transient in its action. Again, as it is one of the most powerful and general antidotes to other medicines, the patient must not take these from any spoon or glass which has recently contained it, nor must the odor of it be in the room after he commences other medicines.

The second variety of Cholera to be mentioned (though not the most frequent or dangerous) is *Cholera Gastrica*, or *Gastric Cholera*. It is characterized by continual vomiting, but is often attended by many other symptoms of other varieties. There is no diarrhœa or only one or two evacuations at the onset. The urine is scanty. When the epidemic prevails, this form may be excited by flatulent vegetables or other indigestible food.

Treatment.—The remedies are generally *Ipecacuanha* or *Veratrum*, sometimes *Nux Vomica*. Camphor is to be given at the outset. Put two or three globules of the third of *Ipecac* in a little sugar of milk, and place them on the tongue. This may be repeated, if necessary, in half an hour, an hour or an hour and a half. If by the effect of the *Ipecac* the vomiting ceases, but the other symptoms remain, and there is great weight at the stomach and pains in the intestines and head, then have recourse to *Nux Vomica*, 30th attenuation, two or three globules. But if the disease

is not checked, give *Veratrum*, or other medicines, according to the indications. To Cholera excited by anger, and attended with either vomiting or diarrhoea, the 12th attenuation of *Chamomilla* is appropriate.

Third Variety—Cholera Spasmodica, or Spasmodic Cholera.—This form is especially characterized by cramps and spasmodic movements. The principal symptoms are contractions and cramps in the toes and fingers; afterward convulsive movements in the muscles of the fore arm and legs; then spasms in the upper arms and thighs, and sometimes fixed spasms in the chest and neck. The constriction of the chest is preceded by vomiting. Neither vomiting nor diarrhoea frequently occur in this; but there is often pain, weight and tenderness at the pit of the stomach.

Treatment.—The remedies are Camphor, *Cuprum Metallicum*, and *Veratrum*. If Camphor has not relieved, give *Cuprum*, the 30th attenuation, two or three globules, and repeat it many times, at intervals of half an hour or an hour, if its salutary effect is not manifested. If necessary, then give *Veratrum* in repeated doses, or other medicines, according to the indications.

The Fourth Variety is Cholera sicca, or Dry Cholera.—There is no diarrhoea or vomiting. There is a sudden prostration of the vital powers; the urine is suppressed; tongue sometimes blue or blackish; the eyes up-turned and fixed; coldness of the surface of the whole body, which becomes covered with a cold, sticky sweat; the face and limbs have a violet blue color. The voice and pulse fail. This variety requires the most prompt attention.

Treatment.—The first remedy—as in other varieties of Cholera—is *Camphor*. In this variety, it is especially required for arousing the nervous system. Repeat it every five minutes; then, if necessary, give *Veratrum* every half hour, hour, or hour and a half. If the cramps and vomitings have ceased, if the patient is cold, blue and pulseless, i. e., collapsed, *Carbo vegetabilis*, 30th attenuation, two or three globules. In this state of complete Asphyxia, some recommend Hydrocyanic Acid, 3d attenuation, every hour or two. We recognise the effect of these medicines by the pulsations becoming visible, and some by the return of the cramps, vomitings or diarrhoea—symptoms which are then to be treated by *Veratrum* or *Cuprum* or some other remedy, according to the indication.

The Fifth Variety—Cholera Acuta, or Acute Cholera.—This variety we might call *Cerebral*, as the brain, in the first stage, seems to be oppressed. Yet, in its course, it simulates the form of some other varieties, and, like them, unless checked, ends in Asphyxia and death. The patient, at first, feels as if he were stunned or has a sensation of weight in the head, or vertigo; oppression of the chest; numbness of the arms and legs; afterward there are rumblings in the intestines; heat of the body; pulse rapid and feeble; nausea, retching or vomiting; bilious or watery diarrhoea; suppression of urine; tongue cold, voice altered; face yellowish, with a dark brown circle around the eyes;

prostration; spasms, at first in the feet and hands, afterwards extending to the arms and legs, which become dark blue, and cold; the eyes tarnished and sunk in their orbits. The diarrhoea and cramps cease, and the disease in its later stage runs into the form of dry Cholera, characterized by cold sweats, insensible pulse and general blueness—in short, by collapse.

Treatment.—Give *Veratrum*, at first the 12th, and after two or three doses, the 30th, in the quantity and at the intervals as before described.

Lastly, in some rare instances, the Cholera is, from the commencement, an inflammatory and febrile disease. Then, as soon as the vomiting is checked, use *Aconitum*, the 24th. Afterward use *Bryonia*, 30th; *Rhus Radicans*, 30th; or other medicines, according to circumstances. The indications, as in all other complicated cases of Cholera, can be properly understood only by a Homœopathic physician.

A dangerous inflammatory or febrile condition, frequently follows Cholera proper, when treated allopathically. Then use *Aconite*, *Belladonna*, or *Rhus Rhadicans*, or other medicines, according to the indications. *Belladonna* stands highest for inflammation of the brain, and *Rhus Radicans* for the Typhus Fever.

Where a Homœopathic physician is called to any case of Cholera which has been under Allopathic treatment, he is first to antidote the former treatment by *camphor*. Give it but a short time, if there is any inflammation. He can judge if other antidotes are necessary, as they frequently will be, in the course of the treatment; for calomel and other crude drugs, and even the undiluted colored tincture of the Homœopathic shops, are so durable in their mischievous action as to require for their correction something more durable in its curative action than camphor. I will add, that we have accounts from St. Petersburg and Riga of the same success in the Homœopathic treatment of the Cholera of 1848, which distinguished that treatment in former years. Among other remedies they have used *Camphor*, *Veratrum*, *Secale*, *Phosphoric Acid*, *Hydrocyanic Acid*, and *Jatropha curcas*. *Veratrum* has gained great renown, even among the Allopathists themselves."

For the American Journal of Homœopathy.

MR. EDITOR:—A short critique in your last issue just come to hand, upon the Milwaukee Homœopathic Reporter, makes us desirous of saying a few words through your Journal, in explanation.

We found ourselves, two in number, in this city, surrounded by about fifty allopathic physicians and an almost universal ignorance in the community, of the principles and practice of Homœopathy—an ignorance industriously cherished and increased by the constant misrepresentations of our allopathic

brethren. Well knowing that our glorious science is approved and adopted in exact proportion as it is correctly understood, we commenced our monthly sheet with the view of extending through this community, a knowledge of the principles and practice of Homœopathy. In doing this, we considered ourselves co-operating with the professed object of all Homœopathic physicians and associations. The successive numbers have been almost exclusively occupied with a connected series of editorial articles containing a plain popular exposition of the *principles* of our science, contrasted with the imperfections, errors and dangers of Allopathy, with one page exhibiting the results of our *practice*. The fruits of this course have been very visible. We venture the opinion that there is not another city in the Union in which Homœopathy has gained as great an ascendancy as in this, in so short a time. And it is not from any peculiarity in the character of our population, nor from any peculiar skill or tact on the part of those who have represented our principles and practice here, but from the simple fact that there is not another city in which so large a portion of the population have become so soon correctly informed upon the subject.

We have not aimed or professed to instruct the profession. We have sent our sheet to some of our professional brethren: 1st. To give them some notion of what Homœopathy was doing in this distant region of the West; 2d. To inform them what were the diseases which prevailed here, and in what relative proportions, accurately stated in tabular form; 3rd. To give them some idea of the success of the Homœopathic treatment in these diseases of the West. Many of our brethren at a distance have expressed to us the interest they feel in these items of information.

That this course should be termed "selfish," and our little unpretending sheet be regarded as "intended as much as a medium for advertising the Editors as any thing else," we feel to be unjust. We believe that if our brethren in other places had pursued the same course in precisely the same way, Homœopathy would now have been much in advance of its present position, simply because the community would have been much better informed upon the subject.

We are unable to see why "statistical tables of private practice never had any weight and never should have any," unless it be

equally true of "statistical tables" of Hospital and Infirmary "practice." The value of "weight" of both depend entirely upon their truthfulness, and if both are true and faithful records, they are both valuable, and "ought" to have "weight." For example, if a monthly table for a year shows a hundred cases of acute bronchitis and pneumonia, without the loss of a patient, in a place where every month witnesses a multitude of deaths from the same diseases under Allopathic treatment, this is a fact of importance, and should have weight. So we think.

We do not exactly understand your standard of selfishness. Our last No. before your critique, was almost wholly occupied with a local matter, viz.: the transactions of the Allopathic Association of this city; and, yet you think it more "unselfish" than its predecessors, which were occupied with an exposition of Homœopathic principles.

But we thank you for the criticism, and will try to profit by it. Entertaining the kind feelings you express, permit us to reciprocate the favor, by making a suggestion in relation to the Journal.

In aiming to make it both a professional and popular Journal, there is an attempt to reconcile incompatibles. The wants of the profession are so much above those of the non-professional public, that they cannot both be benefited, to any considerable extent, by the same reading. If either aspect of the Journal were omitted altogether, and the other exclusively maintained, it would be more useful.

Hoping that the "talents" of the Editors of both Journals will be "exerted in the right direction to spread a knowledge of Homœopathy in an unexceptionable manner, through the columns of their Journals," we remain fraternally, yours in the common cause of truth and science.

TRACY & DOUGLASS.

DR. JOSLIN ON ASIATIC CHOLERA.

Of the admirable Lecture by Dr. Joslin on Cholera, which we listened to with so much pleasure and instruction, we have given but an imperfect abstract. We are very happy to have it in our power to inform the profession that there will be shortly published a work by Dr. Joslin on the *Asiatic Cholera*, in which the following topics will be embraced: viz. The nature and propagation of Asiatic Cholera; the question of its contagiousness; its

prevention; the symptoms and the professional treatment of its different stages and varieties; the domestic treatment which may be necessary at the onset; the relative success of different methods of treatment, and the proofs of the great success of Homœopathia in this disease. The book will contain a Repertory of the symptoms of this disease in all parts of the body; the symptoms being so arranged and combined as to facilitate the selection of the remedy in any particular case, and the remedies marked according to their relative values in Asiatic Cholera. The above analysis of the contents of the forthcoming work, it is apparent it should be in the hands of every Physician.

At a meeting of the Physicians of the New York Homœopathic Dispensary Association, held at the Dispensary Rooms, 57 Bond-st., on the 19th inst. the following resolution was adopted:

Inasmuch as contradictory reports are in circulation respecting the disease now prevailing at the Quarantine, therefore,

Resolved, That Dr. Kirby be requested to visit the Quarantine Hospital and report the facts in relation to this disease.

At an adjourned meeting held last evening, 26th inst., the following report was received and ordered to be published.

B. F. BOWERS, Secy.
New York, Dec. 27, 1848.

To the Physicians of the New York Homœopathic Dispensary.

GENTLEMEN: In compliance with your request, I this afternoon, in company with my friend Dr. Snow and Mr. Theodore Kirby, a Student of Medicine, visited the hospital at the Quarantine, Staten Island. We were received in the most polite manner by Dr. Whiting, the Health Officer, who showed us a number of patients, and willingly gave all the information in his power in reference to the object of our visit.

Asiatic Cholera may be known by what is termed rice-water dejections, cold breath, cold tongue, and a corrugated appearance of the skin of the fingers, as if they had been long in water. As these symptoms do not appear together in any other disease, they should be regarded as *diagnostic*. The other symptoms are more or less common to other diseases.—The above characteristic symptoms were pre-

sent in the cases at Quarantine, and I have no doubt that the disease is Asiatic Cholera.

The disease in question was brought to this port by the ship New York; most of the passengers in this ship were poor German laborers from about *Havre*; the rest were French of a better class. The first case occurred after the vessel had been fifteen days at sea, and no Cholera existed in the port whence she sailed.

During the voyage of the ship and since her arrival, the disease has been confined to the Germans. It afterward attacked inmates of the hospitals who were convalescent of other diseases, especially typhus fever; it did not attack all persons who were in constant communication with the sick in the same Ward and Hospital, while it did pass to a distant Hospital with which there had been no communication whatever. No physician, no nurse, no person in ordinary health in or about the Hospitals have had any sickness resembling Cholera. These are the facts. As in 1832, so it is now, mostly confined to unsound constitutions.

The distinction sought to be made between contagion and infection, in my opinion, is unimportant. The word contagion covers the whole ground. The Small-pox is a clear example of *contagious* disease. Influenza is an example of *epidemic* disease. From the above facts the disease, as it now prevails at Quarantine, is not like either. It seems to be developed endemically, that is, it prevails in a particular locality, and among a certain class of persons. There is no evidence of this disease having occurred under other than the circumstances above-stated.

Respectfully, S. R. KIRBY, M. D.
762 Broadway, Tuesday Evn'g, Dec. 26, 1848.

CALCINED MAGNESIA IN POISONING BY ARSENIC. BY DR. BISSEL.

DR. BISSEL was called to a strong laboring man æt. 27, who had swallowed about a scruple of arsenic between two and three hours before. He procured free vomiting without any relief, the patient manifesting all the signs of arsenical poisoning in an advanced degree.—Believing that further attempts at evacuation were useless, he determined to try the effect of calcined magnesia, which has been recently given with success in these cases. He ordered a drachm every hour in milk and water, with the effect of speedily abating the violence of the sufferings of the patient, and of ultimately entirely relieving him. Moderate action of the bowels followed the use of the remedy.—*Amer. Journal Medical Science*, v. xvi., p. 121.

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Wednesday—Drs. Snow & Bowers.

Thursday—Drs. Wright & Bolles.

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Saturday—Drs. Joslin, Bayard and Stewart McVickar, Surgeon.

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